

EXHIBIT Q

Page 1

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

IN RE: NEW ENGLAND
COMPOUNDING PHARMACY,
INC. PRODUCTS LIABILITY MDL No. 2419
LITIGATION

Master Dkt:
1:13-md-02419-RWZ

THIS DOCUMENT RELATES
TO:

All Actions

VIDEOTAPED DEPOSITION OF
DAWN RUDOLPH

9:09 a.m.
April 21, 2015

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1600 Division Street
Nashville, Tennessee

Blanche J. Dugas, RPR, CCR No. B-2290

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1 resolved?

2 A. No. The timing of his departure had
3 everything to do with the end of the year and his
4 length of service with the company and what felt
5 comfortable for him, and we worked it through with HR
6 and the timing just fell at the end of the year for
7 his -- he had some personal requests and it was fine
8 with us.

9 Q. So even prior to you being formally
10 appointed to the board of STOPNC, did you exercise the
11 duties of a board member at that time?

12 A. I attended the meeting. I'd have to look
13 at the minutes to see if there was any action that was
14 there. As a new board member, you know, you typically
15 are there to, you know, get up to speed with what's
16 going on. And so I think I would have to look at the
17 minutes to see if there was a vote or something that
18 would actually exercise any action.

19 Q. And you think there was only one board
20 meeting between the time that Dr. Batchelor was asked
21 to leave and the time that you became a formal board
22 member of STOPNC?

23 A. I don't know. I really don't. I know he
24 left on December 31st. I'm not sure when the next
25 board meeting occurred in 2013. So I'd have to look

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1 Q. Was -- who asked you to get on the board of
2 STOPNC?

3 A. You know, I don't recall. I was kind of
4 told, you know, that we'd like you to take that seat.

5 Q. Did Dr. Schatzlein tell you that?

6 A. Well, it was resolved from the board. So I
7 may have got a notice from Marla. You know, I just
8 don't recall who exactly told me. It may have come
9 from Karen at the time. But they were in the position
10 to make the appointment and have the board endorse it.

11 Q. Who were those people you're talking about?

12 A. Dr. Schatzlein is the CEO of St. Thomas
13 Health, and Karen Springer is the chief operating
14 officer today for St. Thomas Health.

15 Q. And who is Marla?

16 A. Marla King is the administrative, executive
17 administrative assistant that keeps the meeting
18 minutes for the health board.

19 Q. She works for St. Thomas Health?

20 A. Yes. She reports to Karen.

21 Q. What was her last name?

22 A. King.

23 Q. King. Whoever it was, it was someone from
24 St. Thomas Health who told you that you would be
25 serving on the board of STOPNC?

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1 at the minutes.

2 Q. STOPNC is a joint venture involving St.
3 Thomas?

4 A. St. Thomas?

5 Q. That's what I'm asking you. Is STOPNC a
6 joint venture between St. Thomas and somebody?

7 A. It's --

8 MR. SCHRAMEK: Objection, form.

9 You can answer.

10 THE WITNESS: So I -- the STOPNC is a
11 joint venture with St. Thomas Network. I
12 mean, I think I want to be clear. When you
13 say St. Thomas, there is different
14 entities.

15 Q. (By Mr. Chalos) Okay. So it's a joint
16 venture between who and whom?

17 A. I'm understanding St. Thomas Network and
18 Howell Allen.

19 Q. Is the St. Thomas Network part of the St.
20 Thomas ministry?

21 A. The St. Thomas Network employees at the
22 time I would have considered part of the ministry,
23 yes, because they were in our HR, within our HR. I
24 use HR for a lot of boundaries. It keeps things
25 clear.

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1 A. Yes.

2 Q. And did you consider that at the time part
3 of your job with St. Thomas West Hospital?

4 A. Yes. I mean, I -- we are -- we have joint
5 ventures and I had not sat on any of the boards.
6 Being fairly new to the organization, I kind of
7 anticipated that I would be asked to sit on something
8 so I wasn't surprised by it.

9 Q. It's a heck of the time to get on the
10 STOPNC board; right?

11 A. That was -- that's what they, you know,
12 asked me to do so...

13 Q. Were you paid money to sit on the STOPNC
14 board?

15 A. No.

16 Q. So that was part of your job duties with
17 St. Thomas Hospital?

18 A. If asked, I would say it was under that
19 responsibility.

20 Q. Yes?

21 A. Yes.

22 Q. Had you ever attended board meetings of any
23 other St. Thomas joint venture other than your first
24 meeting with STOPNC?

25 A. No.

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1 familiar with the marketing opportunity.

2 Q. And what happens if we dial 1-800-doctors?

3 A. I believe it goes into a referral
4 opportunity if they wanted to get a physician.

5 Q. Who answers the phone there?

6 A. I don't know.

7 Q. Is that phone number affiliated with St.
8 Thomas?

9 A. I believe so. I believe we support it.

10 So, you know, by having it available. I do not know
11 who answers it.

12 Q. Have you had any discussions with anyone
13 regarding the brand St. Thomas?

14 A. Discussions with -- well, Rebecca. I've
15 received some information from Rebecca around the
16 brand as it might relate to awareness.

17 Q. And has anyone affiliated with St. Thomas,
18 to your knowledge, done any study in the community
19 about what that brand means to folks?

20 A. Uh-huh. Yes. There's been review of
21 Vanderbilt versus St. Thomas versus HCA. I'll tell
22 you I don't recall the numbers. I just know that
23 there -- that work is done through the communications
24 office.

25 Q. Through Ms. Climer?

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1 A. Yes.

2 Q. And are you aware of any studies by anyone
3 at St. Thomas in the community to understand what
4 attributes are associated with the St. Thomas brand?

5 A. I'm not aware of any formal study. I do
6 know that as part of our "One Healing Community," we
7 focused on our values that the sisters brought
8 forward. So if I think of attributes, I think of
9 those values.

10 Q. And what are those values?

11 A. Oh, you really put me on notice here.
12 Creativity, wisdom, integrity, reverence and
13 education.

14 Q. Are those written down somewhere?

15 A. Yeah, as part of the "One Healing
16 Community," we did an associate commitment to care
17 that talked about the values and talked about, you
18 know, the daughters' legacy and kind of how they can
19 model those values in their day-to-day work. So we
20 did some work on that post-rebranding.

21 Q. And is it reasonable for a member of the
22 community to expect quality healthcare from any St.
23 Thomas entity?

24 MR. SCHRAMEK: Objection, form.

25 THE WITNESS: Could you say that one

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1 more time. I'm sorry.

2 Q. (By Mr. Chalos) Sure. Sure. That's okay.
3 And he -- he'll object from time to time.

4 A. I know. I just -- I have not done this
5 before, so I just want to make sure I'm hearing you.

6 MR. SCHRAMEK: And unless I tell you
7 not to answer or instruct you not to
8 answer, you can answer. I'm just
9 preserving my objection to the question
10 which is usually vague, ambiguous and/or
11 otherwise inappropriate.

12 THE WITNESS: Thank you.

13 Q. (By Mr. Chalos) He's only kidding.

14 Is it reasonable for a member of the
15 community to expect quality healthcare from any St.
16 Thomas entity?

17 MR. SCHRAMEK: Objection, form.

18 THE WITNESS: My -- you know, it is
19 vague because you say any St. Thomas
20 entity. My -- my history is with St.
21 Thomas Hospital and we strive every day to
22 be, you know, a top 100 hospital. We have
23 parameters around ensuring quality and
24 motivating our employees to do such.

25 So, you know, my -- my perspective is

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1 for St. Thomas Hospital, its people, and
2 they deliver on that promise every day. So
3 I think, you know, that would be my frame
4 of reference for your question. Am I
5 answering it?

6 When you say entity, that seems vague
7 to me. I think of a hospital, a St. Thomas
8 Hospital, and the work that's done there.

9 Q. (By Mr. Chalos) Okay. This St. Thomas
10 name is also a brand; right?

11 A. Well, St. Thomas is a Catholic saint. And
12 so I think on its own I -- you know, being Methodist,
13 I am very much aware of the Catholicism. So St.
14 Thomas without Hospital or West next to it kind of
15 is -- I wouldn't say it was a brand in that manner of
16 just saying St. Thomas.

17 Q. Right. Well, I'm not trying to get you in
18 trouble with your intellectual property lawyers here.

19 A. And, you know, I'm a hospital operator.
20 You know, branding and all that is, you know, not my
21 area of expertise.

22 Q. Right. Well, you've heard the term
23 "brand"; right?

24 A. Sure.

25 Q. And what --

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1 A. I would say within healthcare, practice
2 varies, you know. Each physician has been trained in
3 a certain way. They have an approach. I think the
4 definition of quality, especially I've learned as a
5 chief experience officer, is varied patient to
6 patient. So I think everyone tries to achieve quality
7 in an equal, earnest way.

8 I would tell you that I think the -- even
9 with the standardized approach, you have variation
10 based on patient and their perception of care. So
11 that would be my answer.

12 Q. Is there some minimum standard that St.
13 Thomas expects out of all the healthcare practitioners
14 within its ministry and joint ventures?

15 MR. SCHRAMEK: Objection to form.

16 THE WITNESS: I think that the only
17 one I would be aware of that I could feel
18 confident saying is that, you know,
19 understanding that we are a -- you know, we
20 follow the Catholic teaching and we have
21 ethical and religious directives.

22 I think anyone that is in a
23 relationship with us in any sort of
24 business or legal way would be aware of
25 that and that would be expressed. But

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1 "quality" in reference to healthcare?

2 A. Quality in reference to healthcare?

3 Q. Yes, ma'am.

4 A. As defined by? Yes I -- you know, we speak
5 about quality every day.

6 Q. And have you ever heard the term "standard
7 of care" in reference to healthcare?

8 A. Uh-huh (affirmative). Yes, I have.

9 Q. What does that mean?

10 A. Well, standard of care, what it means to me
11 is that it's typically a peer-review process and the
12 clinical review of an outcome and whether or not it
13 meets the standard of care based on knowledge of the
14 case.

15 Q. Does St. Thomas expect that all of the
16 healthcare practitioners within its ministry and joint
17 ventures will meet the applicable standards of care?

18 MR. SCHRAMEK: Objection to form.

19 THE WITNESS: Could you repeat the
20 question.

21 Q. (By Mr. Chalos) Sure. Does St. Thomas
22 expect that all of the healthcare practitioners within
23 its ministry and joint ventures will meet the
24 applicable standard of care?

25 MR. SCHRAMEK: Same objection.

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1 beyond that, I think that would be to me
2 the minimum standard that they're aware of
3 that -- that desire that they follow the
4 ERDs.

5 Q. (By Mr. Chalos) What are ERDs?

6 A. Ethical and religious directives.

7 Q. Are those written somewhere?

8 A. Yes. Uh-huh (affirmative).

9 Q. Where are those written?

10 A. They are written by the -- my understanding
11 is it was Catholic social teachings and that they're
12 housed, you know, within -- almost every contract they
13 reference the ethical and religious directives.

14 Q. Where can I find -- I'm sorry. I'll let
15 you finish.

16 A. You might want to check our website. I
17 don't know that I would have it handy for you. But I
18 am aware that it's pretty standard in Catholic
19 healthcare.

20 Q. And STOPNC was required to follow the
21 ethical and religious directives of St. Thomas; right?

22 A. Yes. I would -- I would believe they would
23 be as -- if they're in a joint venture. That would be
24 a minimum requirement.

25 Q. Okay. Have you ever heard the term

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1 THE WITNESS: From my frame of
2 reference as the hospital CEO, I would
3 expect that we have the ability to review
4 for standard of care and that there would
5 be processes in place to review and
6 sanction should standard of care not be
7 met. Outside of that, I would -- I
8 wouldn't be able to speak to that.

9 Q. (By Mr. Chalos) When you were a board
10 member of STOPNC, did you expect that STOPNC would
11 meet the applicable standard of care?

12 A. I do know that they had a -- I would have
13 thought that there was a medical director, a medical
14 advisory committee and that that would be the body
15 that would convene to approve the standard of care.

16 Q. And that's something that -- what did you
17 call it, the medical review committee?

18 A. Yeah, typically it's a group of the medical
19 staff within an entity that is responsible for that
20 type of quality review.

21 Q. Did you as a board member of STOPNC expect
22 that STOPNC would meet the applicable standard of
23 care?

24 A. That STOPNC would meet the applicable
25 standard of care? I would -- I would have -- I would

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1 Q. And at that time -- this is September of
2 2012 -- the chief operating officer of St. Thomas
3 Hospital was Don King?
4 A. Yes.
5 Q. That's not the boxing promoter Don King, is
6 it?
7 A. No.
8 Q. Too bad. Was that true for the entirety of
9 2012?
10 A. Yes.
11 Q. And the chief medical officer, at least as
12 of September 2012, was Dale Batchelor, I believe;
13 right?
14 A. Yes.
15 Q. And that remained true for all of 2012 up
16 to the end of the year?
17 A. Yes.
18 Q. Did anything about his duties change after
19 your discussion with him in October of 2012?
20 A. No.
21 Q. So he remained in the same job with the
22 same duties until the end of the career?
23 A. Yes.
24 Q. And the chief financial officer at that
25 time was Pam Hess?

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1 A. Uh-huh (affirmative). Yes.
2 Q. Is that -- is it STHS the same as St.
3 Thomas Health?
4 A. In my mind, yes.
5 Q. And then at that time, in -- and that was
6 true for all of 2012?
7 A. Yes.
8 Q. And chief strategy officer, president and
9 CEO STHS affiliates was Wes Littrell at that time?
10 A. Yes.
11 Q. What is STHS affiliates?
12 A. I really don't know. I mean, I understood
13 it to be the joint ventures and other business
14 entities within St. Thomas.
15 Q. So in 2012, Mr. Littrell was the president
16 and CEO of St. Thomas Health service affiliates, did
17 that include, to your knowledge, the joint venture
18 STOPNC?
19 A. Gosh, I just wasn't involved with the
20 STOPNC at all. So if it was an affiliation of any
21 type, I would have assumed it involved Wes at some
22 level.
23 Q. And STOPNC in 2012 was affiliated with St.
24 Thomas Health; right?
25 MR. SCHRAMMEK: Objection to the form.

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1 A. Yes.
2 Q. Is she still in that role?
3 A. Yes. Uh-huh (affirmative). Actually, she
4 has an expanded role. She's the chief financial
5 officer for St. Thomas Midtown and West.
6 Q. Did all of the leadership between the --
7 did all of the leadership positions merge between St.
8 Thomas Midtown and St. Thomas West?
9 A. Yes. And Don King is in the role of
10 chief -- chief operating officer for Midtown and West.
11 Q. And if you flip back to Page 2, it says in
12 the top, "St. Thomas Health is a ministry of Ascension
13 Health and a family of healthcare providers in Middle
14 Tennessee including hospitals, physicians and
15 outpatient centers"; is that true?
16 A. Uh-huh (affirmative).
17 Q. You see that?
18 A. I do see that.
19 Q. Was that true in 2012?
20 A. According to this document, yes.
21 Q. Yeah. Was that true according to what you
22 knew?
23 A. Yes. Uh-huh (affirmative).
24 Q. And Dr. Schatzlein was the president and
25 CEO of STHS?

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1 THE WITNESS: I'm -- I understand
2 there was a relationship with St. Thomas
3 Health. Beyond that, I wasn't intimately
4 involved in the structure.
5 Q. (By Mr. Chalos) Did you understand that to
6 be an affiliate of St. Thomas?
7 A. I understood that we had a relationship
8 with the STOPNC as we did with other business
9 entities. I did not pursue any more specific depth or
10 knowledge around it.
11 Q. Did you, in 2012, believe that STOPNC was
12 unaffiliated with St. Thomas Health?
13 A. I believed that the STOPNC was unaffiliated
14 with my hospital operations. I knew there was a
15 relationship with St. Thomas through a business
16 structure, but I couldn't have even told you the
17 ownership of it.
18 Q. In 2012?
19 A. Right. Uh-huh (affirmative).
20 Q. When did you first become aware that St.
21 Thomas Network was an owner of STOPNC?
22 A. I believe in and around the time they were
23 talking about the board seats and that we had
24 ownership interest, and that's when those discussions
25 came up.

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1 Q. And St. Thomas Health owns St. Thomas
2 Hospital; right?
3 A. Yes. Uh-huh (affirmative).
4 Q. St. Thomas Health -- that was true in 2012?
5 A. Yes.
6 Q. St. Thomas Health owned St. Thomas Network
7 in 2012; right?
8 A. You know, I -- I don't know.
9 Q. You learned that at some point?
10 A. Yes, at some point there -- I knew there
11 was a relationship there. So because Wes was the, you
12 know, chief strategy officer, president and CEO of the
13 affiliates, and my, you know, kind of understanding of
14 the organization is that those were the joint
15 ventures.
16 Q. Including STOPNC?
17 A. Yes.
18 Q. Did you ever tell a news reporter that
19 STOPNC was unaffiliated with St. Thomas Hospital?
20 A. I did.
21 Q. Who did you tell that to?
22 A. I only gave one interview, and it was with
23 HealthLeaders Magazine. Well, I think I had an
24 interview with maybe two, but that one was pretty
25 close to the event, and I did say that it was

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1 A. Right. I'm a hospital operator. I was --
2 given the news coverage, everything was St. Thomas
3 Hospital. And I said this happened -- this event
4 happened, the injections were in a separate,
5 unaffiliated spot. And so "unaffiliated" meant no
6 legal or anything else. It was unaffiliated with our
7 day-to-day operations.
8 Q. And you've come to learn that in terms of
9 ownership there was an affiliation between St. Thomas
10 Hospital and STOPNC?
11 A. Yeah, I mean, I'm not an attorney. So I
12 know there's a relationship there. I know there's a
13 financial interest. But in my mind at that time, it
14 was unaffiliated with our day-to-day operation.
15 Q. Did you tell the reporter that you were
16 going to be a board member of STOPNC in the near
17 future?
18 A. No, nor was I asked about that. So I -- it
19 wasn't relevant at the time.
20 MR. CHALOS: Why don't we go another
21 ten minutes or so and then we'll take
22 lunch.
23 Q. (By Mr. Chalos) Did you tell any reporter
24 ever that the chief medical officer of St. Thomas
25 Hospital was a board member of STOPNC?

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1 unaffiliated with St. Thomas Hospital.
2 Q. Is that true?
3 A. Yes.
4 Q. As you sit here today, you believe that to
5 be true?
6 A. Well, the context of the interview was
7 about the response to the event. And so my -- my
8 characterization was that the hospital -- and I do
9 this because the hospital -- I had oversight of the
10 hospital operations, which were completely separate
11 from the operations or unaffiliated with the
12 operations of the STOPNC. And that was an incredibly
13 important point to make when giving the news coverage
14 at the time.
15 Q. Did you tell the reporter that the chief
16 medical officer of St. Thomas Hospital sat on the
17 board of STOPNC?
18 A. I don't think that ever came up as a part
19 of the dialogue. I was -- my quote had to do with the
20 operations and the day-to-day work that was going on
21 in the hospital was separate from and unaffiliated
22 with the day-to-day work that was going on in the
23 STOPNC.
24 Q. So when you said unaffiliated, you didn't
25 mean an ownership --

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1 A. I think you asked me that already and I
2 said no.
3 Q. I asked you about a specific reporter. My
4 question now is more broad. Any reporter.
5 A. Oh, I apologize. Yeah. No.
6 Q. Did you ever tell any reporter that you
7 were soon to be a board member of STOPNC?
8 A. No.
9 Q. Do you know whether anyone affiliated with
10 St. Thomas Hospital ever told a reporter that St.
11 Thomas Hospital's chief medical officer sat on the
12 board of STOPNC?
13 A. I don't recall that ever happening.
14 Q. Do you know whether anyone affiliated with
15 St. Thomas Health ever told any reporter that its
16 chief financial officer was a board member of STOPNC?
17 A. I don't recall that, no.
18 Q. It's a never ending struggle to stay
19 organized in these depositions.
20 I'm going to hand you a backwards statement
21 document. We can straighten it out on a break. It's
22 Exhibit 220. And it is an October 17th, 2012 article
23 from the Nashville Tennessean. And the headline is
24 "Worried callers take priority at St. Thomas clinic."
25 And then the sub headline is "Clinic doesn't know

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1 period, 2012 related to business?

2 A. No.

3 (Exhibit 231 was marked for
4 identification.)

5 Q. (By Mr. Chalos) I've marked as Exhibit 231
6 STE_MDL_005358. It's a series of e-mails. The first
7 e-mail is from Scott Butler, Thursday, September 27th,
8 2012, 11:11 a.m. to you and Dr. Batchelor, subject:
9 STOPNC. The e-mail says, "After discussions with the
10 state and Culclasure, we will remain closed through
11 next Wednesday, October 3rd."

12 Do you see that?

13 A. Yes.

14 Q. And Dr. Batchelor responded, copying in
15 you, responding to you and you copied in Craig Polkow
16 saying, "That's a good target date. I do think the
17 boards need to okay the final decision to reopen after
18 we see what the situation is closer to that date."

19 Do you see that?

20 A. Yes.

21 Q. And then you forwarded that to Rebecca
22 Climer; is that right?

23 A. Yes.

24 Q. Why were you copied on Dr. -- I'm sorry --
25 Mr. Butler's e-mail?

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1 much time as you need to read these.

2 A. Okay.

3 Q. This is a discussion about how the center,
4 meaning STOPNC, would be described in documents;
5 right?

6 A. Right.

7 Q. And you were included in this discussion
8 about the St. Thomas Health communications person,
9 Rebecca Climer?

10 A. Yes.

11 Q. Board members of STOPNC and a lawyer for
12 one or more of the organizations, Berry Holt; is that
13 right?

14 A. Yes.

15 MR. SCHRAMEK: Objection to the form.

16 Q. (By Mr. Chalos) Do you know who Berry Holt
17 represented in this time -- at this time?

18 A. I would -- no, I don't.

19 Q. Did you know he was a lawyer?

20 A. Yes, I do.

21 Q. And the discussion is about how to describe
22 STOPNC in terms of its connection with other St.
23 Thomas entities?

24 A. Yes. It was a decision on the description
25 of the center for concise and clear comment.

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1 A. I think you would have to ask Scott.
2 However, I would -- was probably copied because we
3 were seeing patients in my hospital and there's a
4 communication chain with the overall medical staff to
5 be informed of the situation. I wanted to know what
6 was going on.

7 Q. Why would it matter to patient care whether
8 the clinic reopened or stayed closed?

9 A. I think it -- what mattered to me about
10 patient care was the fact that we were starting to see
11 patients come in through the ER. It was an evolving
12 situation. These people were very sick on the medical
13 units. And so the idea is what is happening so that
14 we can have clearer communication with whatever
15 audience needed to be informed.

16 Q. Why would the hospital need to know whether
17 the clinic was open or closed?

18 A. I think it was just to, you know, be aware
19 of the facts of the situation. There was a lot of
20 speculation at that time. There was news reports
21 going out. There was -- you know, to the best of my
22 ability, it was to keep facts circulating that were
23 true.

24 Q. I'll hand you what we've marked as
25 Exhibit 190. This is a series of e-mails. Take as

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1 Q. Do you know what documents they're
2 concerned about in this e-mail chain?

3 A. I don't.

4 Q. I'll hand you what we've marked as
5 Exhibit 191. You can read as much of this as you
6 need, but what I want to point you to is the first
7 paragraph, last sentence. It says, "The center" --
8 meaning STOPNC -- "is an ambulatory neurosurgical
9 surgery center licensed by the state of Tennessee and
10 housed on the St. Thomas Hospital campus."

11 Do you see that?

12 A. Uh-huh (affirmative). Yes.

13 Q. And is that the same as the language in 190
14 that was agreed upon by the STOPNC board, the St.
15 Thomas Health communications person, you as CEO of St.
16 Thomas and a lawyer from the Bradley Arant law firm?

17 A. Yes, it's the same language.

18 Q. And this was Exhibit 191 a press release
19 that was sent out to the media in October of 2012?

20 A. Yes.

21 (Exhibit 232 was marked for
22 identification.)

23 Q. (By Mr. Chalos) I'll hand you what we've
24 marked as Exhibit 232. Have you had a chance to
25 review this document?

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1 A. Yes.
 2 Q. So what we've marked as Exhibit 232 is
 3 STE_MDL_019140. It's a memorandum dated October
 4 the 2nd of 2012 from somebody named Cindy Williams.
 5 Do you see that?
 6 A. Yes.
 7 Q. Do you know who Cindy Williams is?
 8 A. No.
 9 Q. She has at this time an e-mail address
 10 cwilliam@stthomas.org. Does that tell you anything
 11 about where she worked?
 12 A. Yes. She must work under the managed care
 13 department.
 14 Q. Of which organization? St. Thomas Hospital
 15 or St. Thomas Health?
 16 A. That wouldn't -- the e-mail address
 17 wouldn't tell me. The managed care department is --
 18 today is a system department. So it would be under
 19 St. Thomas Health.
 20 Q. And the letterhead here says "St. Thomas
 21 Health. With you. For life." Right?
 22 A. Yes.
 23 Q. Is that -- was that the St. Thomas Health
 24 logo at that time?
 25 A. Yes, appears to be.

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1 Q. And she sent this memo to the managed care
 2 payor. Do you see that?
 3 A. Yes.
 4 Q. What does that mean?
 5 A. A managed care payor is a contracted payor
 6 with a Health entity. So it would be a payor that St.
 7 Thomas Health would have a -- a relationship with.
 8 Q. Okay. And she -- the "re" line here is St.
 9 Thomas Outpatient Neurosurgery Center and she says in
 10 the text of this memo, "Please find the attached press
 11 release for St. Thomas Outpatient Neurosurgery Center,
 12 LLC (STOPNC)," and there's a tax ID number. "STOPNC
 13 is an ambulatory surgery center that falls under the
 14 St. Thomas Health system of managed care contracts."
 15 A. Okay.
 16 Q. Do you see that?
 17 A. Yes.
 18 Q. What does that mean that STOPNC is an
 19 ambulatory surgery center that falls under the St.
 20 Thomas Health system of managed care contracts?
 21 A. I could only infer. I don't -- I don't
 22 know. I mean, I -- I'm not a managed care expert. I
 23 would say that she's stating that there's managed care
 24 contracts that involve the STOPNC that she's
 25 communicating about this event through the press

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1 release.
 2 Q. And she goes on to say, "In compliance with
 3 our agreement with our managed care payors, please
 4 allow this press release to serve as our official
 5 notice regarding this adverse reaction."
 6 Do you see that?
 7 A. Yes.
 8 Q. She said "our agreement." Who is she
 9 referring to there where she says "our"?
 10 MR. SCHRAMEK: Object to the form to
 11 of the question.
 12 Q. (By Mr. Chalos) Yeah, if you know.
 13 A. I don't know. The subject line says St.
 14 Thomas Outpatient Neurosurgery Center.
 15 Q. Okay. And do you know whether the press
 16 release she's referring to is the press release we
 17 marked as Exhibit 191?
 18 A. I couldn't say that for certain.
 19 Q. Did you have any communications with anyone
 20 from Ascension following the -- following the time
 21 where you learned of the meningitis catastrophe?
 22 A. Yes.
 23 Q. Who did you speak with at Ascension or
 24 communicate with?
 25 A. I recall speaking with Ann Hendrich, who

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1 was vice president of care excellence. We discussed a
 2 need of -- any staffing needs.
 3 Q. Who else?
 4 MR. SCHRAMEK: Can I ask the
 5 relevance of this line of questioning.
 6 Q. (By Mr. Chalos) I'm asking who else you
 7 spoke with.
 8 MR. SCHRAMEK: And I'm asking for the
 9 relevance of the line of inquiry,
 10 discussions at Ascension. Your claims have
 11 been dismissed against Ascension. So
 12 what's the relevance to the remaining
 13 pending claims in the lawsuit?
 14 MR. CHALOS: It goes to the
 15 interaction between the various entities.
 16 MR. SCHRAMEK: What entities?
 17 MR. CHALOS: Entities I'm asking
 18 about.
 19 MR. SCHRAMEK: I'm not going to allow
 20 that line of question. The claims against
 21 Ascension have been dismissed. If you
 22 can't give me a better basis for relevance
 23 than that, I'm going to instruct the
 24 witness not to answer.
 25 Q. (By Mr. Chalos) Are you going to follow

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1 and the time is 4:30 p.m.

2 (A recess was taken.)

3 VIDEOGRAPHER: We're back on the
4 record and the time is 4:32 p.m.

5 Q. (By Mr. Chalos) Okay. The first e-mail in
6 Exhibit 160 is on the page that ends in 995. It's
7 from Dr. Lanford to you and Dr. Schatzlein --
8 Schatzlein; right?

9 A. Oh, I didn't see the backside. I
10 apologize. I only read the front side.

11 Q. That's okay. No problem.

12 A. Can I just have one second?

13 Q. Absolutely. Take as much time as you need.

14 A. Okay.

15 Q. Okay. So the first e-mail, Exhibit 160, is
16 an e-mail from Dr. Lanford to you.

17 A. Uh-huh (affirmative).

18 Q. And he sent it also to Dr. Schatzlein; is
19 that right?

20 A. Yes.

21 Q. The subject line is "Concerns"?

22 A. Yes.

23 Q. Okay. And he said, looking at the third
24 line there -- I'm sorry -- third sentence. "In our
25 STOPNC emergency board meeting at St. Thomas, you made

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1 informing all media that the surgery center was
2 independent and unaffiliated with St. Thomas
3 Hospital."

4 Do you see that?

5 A. Yes.

6 Q. And he says, "In the Tennessean, writer
7 Josh Rogers e-mailed us and said, quote, St. Thomas is
8 trying to distance themselves from you by saying they
9 are independent even though their name is on the
10 corporation documents," closed quote. Do you see
11 that?

12 A. Yes.

13 Q. Is Josh Rogers the Tennessean reporter you
14 spoke with?

15 A. I don't recall who I spoke with at the
16 Tennessean. The quote, St. Thomas is trying to
17 distance, you know, I represented St. Thomas Hospital,
18 and I think that is important. So I -- this -- I'm
19 trying to recall this series of events, but I -- you
20 know, I'm happy to answer your questions. I'm not
21 exactly sure what you're asking.

22 Q. My question was: Was Josh Rogers the
23 reporter you spoke with?

24 A. No. I don't recall.

25 Q. Okay. He goes on to say, "In fact, most of

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1 it very clear that you wanted to, quote, be the
2 buffalo, end quote, in this event and brave the storms
3 ahead together." You see that?

4 A. Yes.

5 Q. Do you know what he's talking about there?

6 A. I don't recall that. I read that twice and
7 I was like -- you wanted to be the buffalo in this
8 event. It had to, you know, have some relevant
9 reference at the time.

10 Q. Okay. Do you recall attending a STOPNC
11 emergency board meeting at St. Thomas?

12 A. Yeah, I believe that would have been the
13 one near -- on that first week when the STOPNC was
14 closed and they were convening next steps, it would
15 have been in and around that time.

16 Q. And do you know where that meeting took
17 place?

18 A. If it wasn't via the phone, most of the
19 meetings happened in the St. Thomas Hospital board
20 room.

21 Q. Okay. He goes on -- this is Dr. Lanford,
22 first paragraph -- first sentence of the next
23 paragraph. "However, over the last couple of weeks,
24 it has become evident that your goal is to separate
25 yourself from our group and that the joint venture by

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1 us have seen" -- no. I'm sorry. Let me back up.

2 "In HealthLeaders magazine, it was stated
3 that STOPNC was, quote, not affiliated with the
4 hospital, closed quote, an, open quote, unaffiliated
5 clinic, closed quote, and a, quote, similarly named
6 but unaffiliated clinic," closed quote. Do you see
7 that?

8 A. Yes.

9 Q. And that's a reference to the article that
10 you forwarded in the exhibit we looked at a little
11 while ago?

12 A. Yes.

13 Q. He goes on to say, "In fact, most of us
14 have seen articles from around the country that all
15 use the same description for our relationship:
16 Unaffiliated." Do you see that?

17 A. Yes.

18 Q. He goes on to say, "Our group has never
19 considered this joint venture to be anything other
20 than a partnership between St. Thomas Hospital and
21 Howell Allen Clinic. That's how it began and that's
22 how it has functioned over the last 13 years. The
23 management of the facility has shared responsibilities
24 between our group and your hospital."

25 Do you see that?

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1 A. Yes.

2 Q. And he goes on to say, "Until your arrival,
3 the administrator at St. Thomas Hospital has always
4 been on the board at STOPNC." Do you see that?

5 A. Yes.

6 Q. Is that last sentence true?

7 A. I -- I wouldn't know.

8 Q. Next paragraph, he says, "The Howell Allen
9 Clinic has had a very long and successful partnership
10 with St. Thomas Hospital"; is that true?

11 A. I believe the Howell Allen Clinic, the
12 physicians have had a very long and successful
13 partnership with the hospital with regard to care,
14 care of our patients and programming that has gone on.
15 So, yes, I believe that to be true.

16 Q. And Dr. Lanford goes on to say, "We have
17 been disappointed at your insistence that we are a,
18 quote, unaffiliated clinic with no connections or
19 history. Your time here has been brief, but we can
20 guarantee you that the medical staff at St. Thomas
21 doesn't feel like we are a, quote, unaffiliated
22 partner."

23 Do you see that?

24 A. Yes.

25 Q. Was his statement that the medical staff at

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1 and with the Ascension communication folks on media
2 relations."

3 You see that?

4 A. Yes.

5 Q. Is that true?

6 A. Is that true?

7 Q. Yeah. Was -- was Dr. Schatzlein working
8 with Rebecca Climer and with the Ascension
9 communication folks on media relations?

10 A. I --

11 MR. SCHRAMEK: Object to the form. I
12 mean, if you know.

13 THE WITNESS: Yeah, I don't know.

14 Q. (By Mr. Chalos) You can say you don't
15 know.

16 A. Yeah, I don't know.

17 Q. Well, communication between you and
18 Dr. Schatzlein during this time period was very
19 important; right?

20 A. Yes.

21 Q. And you're telling me as you sit here today
22 you don't know whether he was working with Ascension
23 communication folks on media relations?

24 A. I'm sitting here today -- you asked me if
25 that was true, and I'm saying that I -- my

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1 St. Thomas doesn't feel like we're an unaffiliated
2 partner untrue?

3 MR. SCHRAMEK: Objection to the form.

4 THE WITNESS: I wouldn't know.

5 Q. (By Mr. Chalos) Okay. You then e-mailed
6 Dr. Schatzlein privately and said, "Let's talk today.
7 I'm switching my three with you tomorrow for Lewis and
8 will be for my one-on-one at three today." Do you see
9 that?

10 A. Yes.

11 Q. What does that all mean?

12 A. It just means that Mike had -- Mike and I
13 had routine one-on-one meetings and that I was
14 switching to talk about this today as opposed to the
15 three tomorrow.

16 Q. And then you did have a discussion with
17 him?

18 A. I would believe that to be true. Yeah.

19 Q. Okay. And then Dr. Schatzlein responded to
20 Dr. Lanford and copied you and Ms. Climer on there as
21 well; right?

22 A. Yes, uh-huh (affirmative).

23 Q. And Dr. Schatzlein said, "Hi Greg. Dawn
24 forwarded this to me and I felt like I should respond
25 to you since I have been working with Rebecca Climer

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1 communication chain of command was to Mike. That he
2 states that he has been working with Rebecca Climer
3 and the Ascension communications folks. I have to
4 only believe that to be true based on what Mike has
5 written in this note. I wasn't part of any meetings
6 or discussions with him working with them. So I -- I
7 believe Mike to be true. If he put this in his
8 letter, I would, you know, agree with that statement.
9 I wouldn't know what else to say. So -- but I
10 wasn't -- I couldn't verify that there had been
11 ongoing discussions for you. I would believe it to be
12 true.

13 Q. Okay. He -- Dr. Schatzlein goes on to say,
14 "I'm extremely disappointed with some of the media
15 coverage of the meningitis event, especially the
16 Tennessean and the inaccuracies about unaffiliated and
17 distances are another example of this."

18 You see that?

19 A. Yes.

20 Q. You have any idea what he was talking about
21 here?

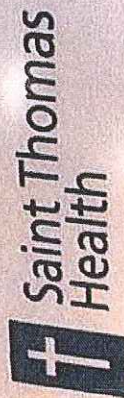
22 A. I think we all felt pretty disappointed
23 with the media coverage of the event, and I think he
24 was just expressing that disappointment.

25 Q. Do you know what he meant when he said "the



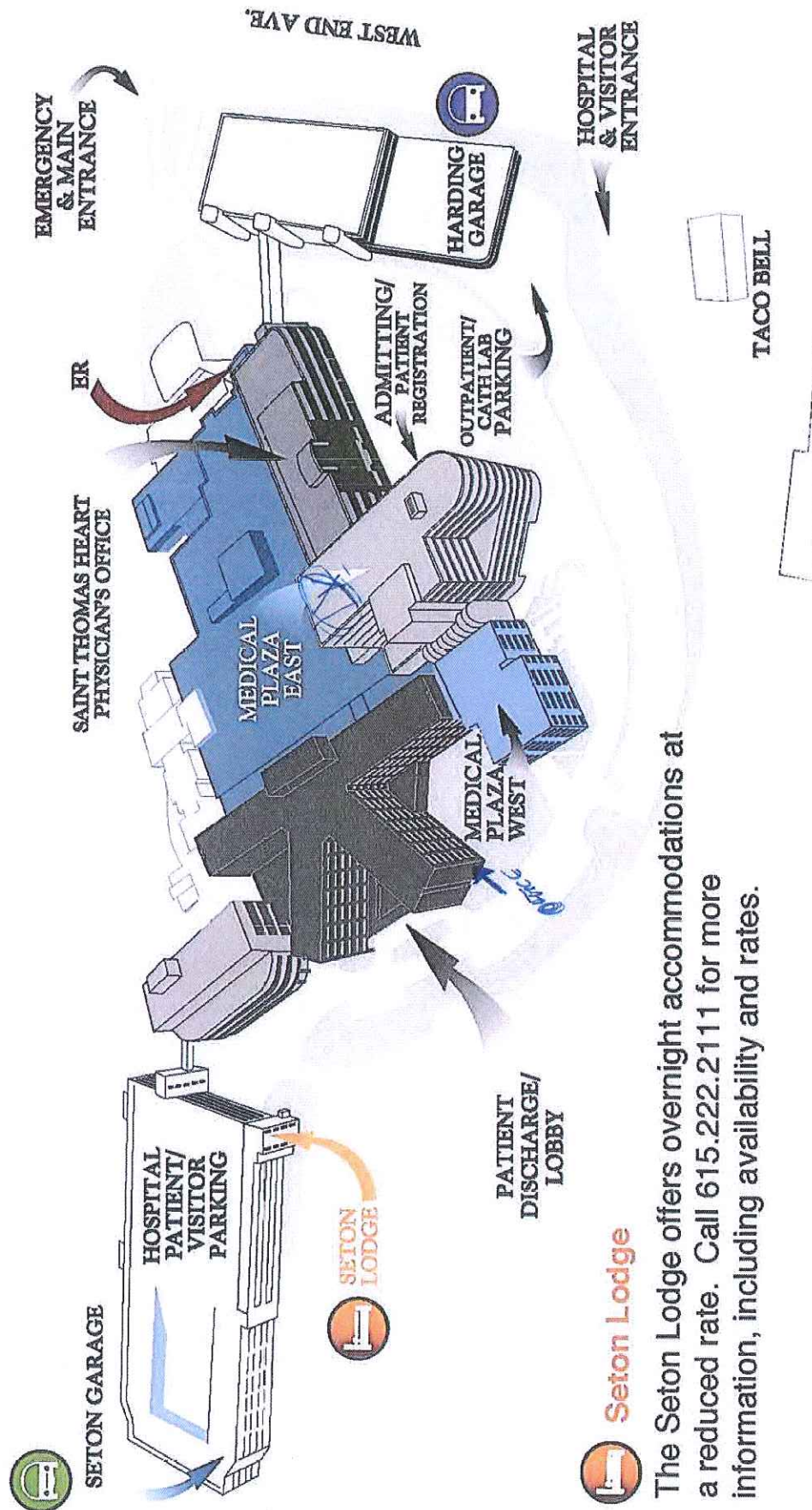
ONE NAME.

ONE HEALING COMMUNITY.



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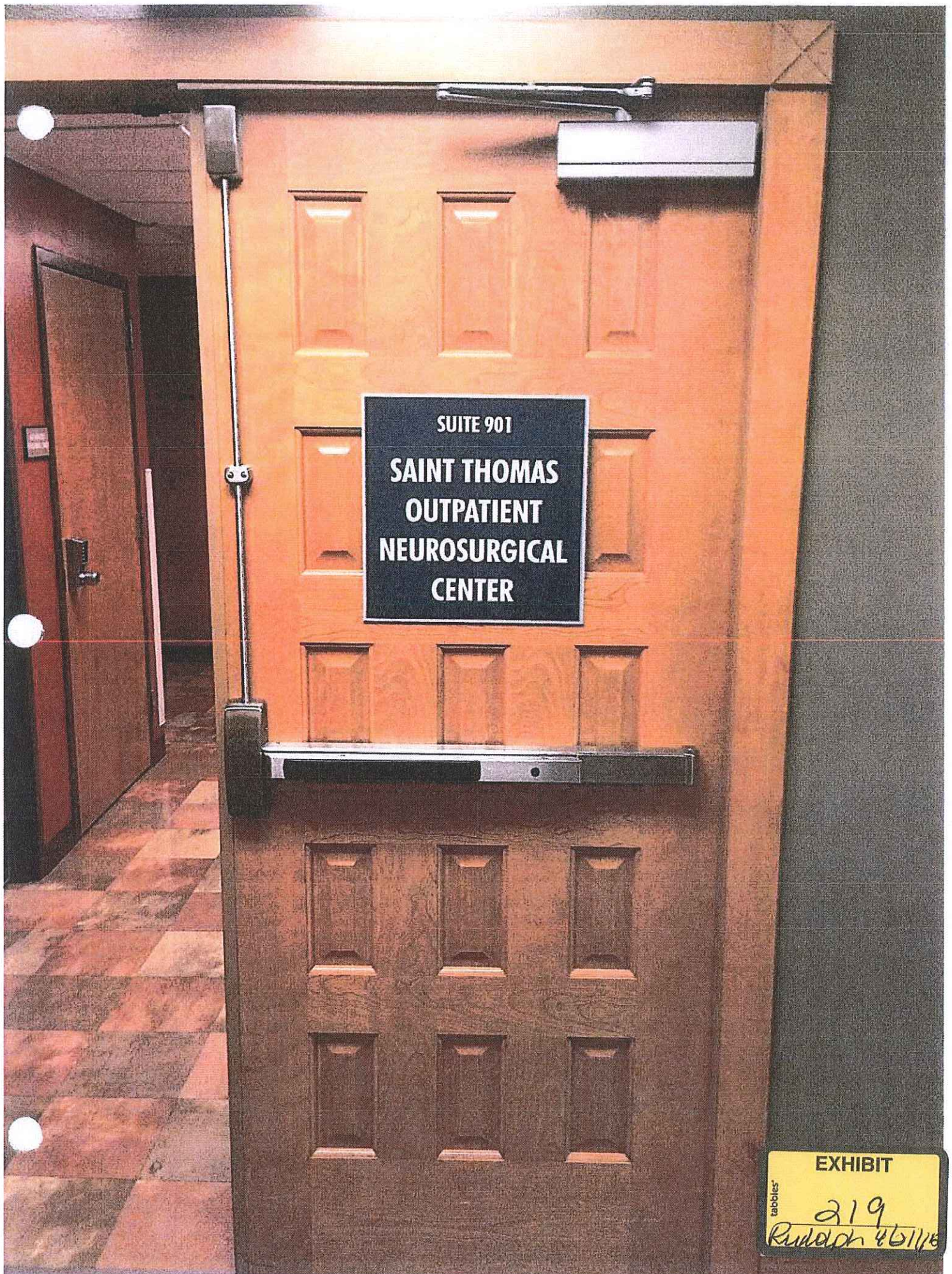


EXHIBIT
219
Ruddick 4/6/16

From: AJ Buse(ajbuse@stthomas.org)
To: Mandy Lauer; Joe Hagan; Rebecca Cilmer; Ridgway, Corey; Donna Nave; 'Tank, Trese'
CC:
BCC:
Subject: HG Ctr for Spinal Srgry physician directory
Sent: 12/29/2009 01:59:33 PM -0600 (CST)
Attachments: Burrus, Daniel.jpg; Hopp, Stanley.jpg; Mackey, Edward.jpg; Stahlman, Gray.jpg; OShaughnessy, Brian.jpg;

Mandy,

Thanks for the info.

Below is a list of the Center for Spinal Surgery physicians we would like to sponsor so their profiles are free to view on the HealthGrades site.

I have also attached all of the physicians' headshots to go with their profiles.

Please let me know if there is anything else you need from me.

Spine surgeons from the Howell-Allen Clinic:

Dr. Everette Howell
Dr. Vaughan Allen
Dr. Timothy Schoettle
Dr. Gregory Lanford
Dr. Steven Abram
Dr. Scott Standard
Dr. Carl Hampf
Dr. Jason Hubbard
Dr. Paul McCombs
Dr. John Spooner
Dr. Brian O'Shaughnessy

Spine surgeons from Tennessee Orthopaedic Alliance:

Daniel S. Burrus, M.D.
Stanley G. Hopp, M.D.
Edward S. Mackey, M.D.
Gray C. Stahlman, M.D.

Please let me know when these profiles are ready and available as free for consumers to view.

THANKS!

A.J. Busé

STHS Marketing Specialist
Neurosciences and Orthopedics
p: 615/284-8216 | c: 615/414-3940
e: ajbuse@stthomas.org

From: Mandy Lauer <mlauer@healthgrades.com>
Date: Mon, 28 Dec 2009 13:34:11 -0700
To: "A.J. Buse" <ajbuse@stthomas.org>
Subject: RE: Updated physician directory... A few other things

A.J.

Click on this link and you will find many Saint Thomas physicians that are currently sponsored. You can click on their names to view their profiles.

<http://www.healthgrades.com/consumer/index.cfm?>



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STE_MD_019229

STE_MD_019229

fuseaction=mod&modtype=prc&modact=prc_search_results&radius=25&specialty=7&state=tn&city=nashville&viewallpac=1

In order to activate a physician I need their first and last name, their specialty and their office/practice location. If the list is less than 50 physicians than you can send the list to me by email, a Word or Excel doc. The additional info in the profile can be added or updated later. The highest value of this program is making the profiles free so that patients easily find them online.

We bill once per quarter. If I activate the new docs before January you won't get billed until April.

Let me know if you have more questions.

Thanks,

Mandy

From: AJ Buse [mailto:ajbuse@stthomas.org]

Sent: Monday, December 28, 2009 12:49 PM

To: Mandy Lauer

Subject: Re: Updated physician directory... A few other things

Cool.

Is there a "free" doc on your web site now that I can see so I know what information to include?

Or do you have a specific format I should follow for that information?

Is email the best way for me to submit this to you?

What is the process for billing?

THANKS!

A.J. Busé

STHS Marketing Specialist

Neurosciences and Orthopedics

p: 615/284-8216 | c: 615/414-3940

e: ajbuse@stthomas.org

From: Mandy Lauer <mlauer@healthgrades.com>

Date: Mon, 28 Dec 2009 12:16:33 -0700

To: "A.J. Buse" <ajbuse@stthomas.org>

Cc: 'Joe Hagan' <jshagan@stthomas.org>

Subject: RE: Updated physician directory... A few other things

A.J.

The cost to sponsor is \$182.00 per doc/per year. Sponsorship means that the physician's information will go from a "buy" report (12.95 for consumer) to "free."

I'll just wait until I get the list from you.

Thanks,

Mandy

From: Mandy Lauer <mlauer@healthgrades.com>

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STE_MD_019230

STE_MD_019230

Date: Mon, 28 Dec 2009 11:46:18 -0700

To: "A.J. Buse" <ajbuse@stthomas.org>

Subject: FW: Updated physician directory... A few other things

Hi A.J.,

I can help you with activating your Spinal Surgery physicians so that they have free profiles on our website. Are the physicians that you would like to sponsor listed in the PDF that Joe sent? How many physicians would you like to sponsor? I can activate them today so that they are free tomorrow.

Thanks,
Mandy

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STE_MDL_019231

STE_MDL_019231

From: Rudolph, Dawn(/O=APPTIXHEALTH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DRUDOL01)
To: Scott Butler
CC:
BCC: dawn.rudolph@stthomas.org
Subject: RE: Board meeting
Sent: 09/24/2012 04:13:00 PM -0500 (CDT)
Attachments:

Please provide me a detailed listing of activities on your end leading up to our call today. Thanks

Dawn Rudolph

President & CEO | Saint Thomas Hospital | 4220 Harding Road | Nashville, TN 37205

Office: 615 222-6590 | Cell: 615 479-8855

From: Scott Butler [mailto:sbutler@howellallen.com]

Sent: Monday, September 24, 2012 3:25 PM

To: Batchelor, Dr. Dale; Rudolph, Dawn

Cc: Gregory Lanford, Dr.

Subject: Board meeting

We need to have a STOPNC board meeting to discuss the next steps. Dr. Lanford can do a conference call at 7 AM tomorrow or a meeting at St Thomas at 4 PM tomorrow. Let me know what works best for both of you.



From: dawn.rudolph@stthomas.org(dawn.rudolph@stthomas.org)
To: Schatzlein, Mike
CC:
BCC:
Subject: Re: STOPNC
Sent: 10/08/2012 04:20:59 AM -0500 (CDT)
Attachments:

Got it

Dawn Rudolph
Saint Thomas Hospital

On Oct 7, 2012, at 11:47 PM, "Schatzlein, Mike"
<Mike.Schatzlein@stthomas.org> wrote:

- > We have some direction from the meeting last evening.
- >
- > I said I thought we could get the other STOPNC board members to do what some of the AH folks want. If not, let me know.
- >
- > John Glaudemans and Ziad Haydar would like to see the logs and scripts and letters from all of our patient contact.
- >
- > We are to call all patients again to see how they are, express our concern, convey the latest from CDC, and convey info regarding where they can get the latest on the evolving situation (i.e. CDC web site). We should know whether they have been to our ERs when we call. We should use a script that should be approved by Chris McCoy. We should log and record these calls, and keep trying until we get 100 percent. Anybody who hasn't been seen and is not completely healthy should be urged to go to nearest ER. We should ask and note what, if any, follow up each patient has had for a spreadsheet Ziad is maintaining. If STOPNC doesn't have people available and qualified to make these calls, we should provide some. The theory here is that we have a moral obligation to see that each patient has the latest information, and encourage them to follow up.
- >
- > We should send return receipt letters to every patient with the same info as above. Chris should approve these, too.
- >
- > Jon wants to know who the CDC epidemiologist is and what he/she is doing. We may inform the epidemiologist about our calls and letters.
- >
- > Might be a good idea for Dr. Latham to call Ziad.
- >
- > I'm just using email to avoid waking you up. We can talk tomorrow.
- >
- > Mike Schatzlein, M.D.
- > President and CEO, Saint Thomas Health
- > Nashville/Birmingham Ministry Market Leader,
- > Ascension Health
- > Mobile: 615 788-2000
- >

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STE_MDL_014363

From: Rudolph, Dawn(dawn.rudolph@stthomas.org)
To: Climer, Rebecca
CC: Anness, Nancy; Pope, Greg
BCC:
Subject: Anti-fungal Medication Costs
Sent: 11/17/2012 07:20:35 AM -0600 (CST)
Attachments:

Good morning,

We have need an effort to coordinate an ask to Pfizer or Sandoz for relief in these antifungals. Who can help me with this? Between Michigan and Tennessee, I would project a million dollars in these drugs. Just for our inpatients, we have costs of 500K.

Can we find contacts? Thanks.

Dawn Rudolph
President & CEO | Saint Thomas Hospital | 4220 Harding Road | Nashville, TN 37205
Office: 615 222-6590 | Cell: 615 479-9555



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STE_MDL_005459